



Organization Resource Grant

Trainer / Speaker Evaluation

Trainer's Name	
Experience	
Topic	
Role (speaker, panelist, etc.)	
Contact hours	
Date	

Event Title	
Location	
Estimated Attendance	

	YES	NO
1. Were you involved in planning this training?		
2. Did you receive adequate information about your assignment?		
3. Did you know what kind of audience to expect?		
4. Did the audience participate in discussion?		
5. Would you recommend other training at this site?		
6. Please use the back of this form to comment on the teaching/training methods used, the manner in which you addressed your topic, and how you believe you succeeded in increasing the participants' understanding of the topic.		

Return to Project Director: